

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <u>ELK'S LODGE</u>		Inspection Date: <u>10/27/16</u>	
Address: <u>150 S. SHASTA ST, WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Willows Elk Lodge</u>	Phone No.: <u>934-4321</u>	Inspection Time: <u>3:30</u>	Permit Exp. Date:
Certified Food Handler: <u>Key Lopez</u>		Certificate Expiration Date: <u>11/17/20</u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</u> (See reverse side of sheet for summary)			

In = In compliance N/A = Not Applicable N/O = Not Observed Maj = Major violation Out = Items not in compliance COS = Corrected On Site			Maj	Out	COS	Out	COS
Critical Risk Factors for Disease							
<u>In</u>		1. Demonstration of knowledge				24. Person in charge present and performs duties	
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints	
<u>In</u>	<u>N/O</u>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used	
<u>In</u>	<u>N/O</u>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected	
<u>In</u>	<u>N/O</u>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables	
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used	
<u>In</u>	<u>N/A</u>	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled	
<u>In</u>	<u>N/A</u>	8. Time as a public health control, records				33. Nonfood contact surfaces clean	
<u>In</u>	<u>N/A</u>	9. Proper cooling methods				34. Warewashing facilities maintained, test strips	
<u>In</u>	<u>N/A</u>	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	<u>X</u>
<u>In</u>	<u>N/A</u>	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use	
<u>In</u>	<u>N/A</u>	12. Returned and reservice of food				37. Vending Machines	
<u>In</u>		13. Food safe and unadulterated				38. Adequate ventilation and lighting	
<u>In</u>	<u>N/A</u>	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate	
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored	
<u>In</u>	<u>N/A</u>	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention	
<u>In</u>	<u>N/A</u>	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained	
<u>In</u>	<u>N/A</u>	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean	
<u>In</u>	<u>N/A</u>	20. Health care/ School prohibited food				44. Premises clean, <u>vermin proof</u> , personal items separate	<u>X</u>
<u>In</u>		21. Hot & cold water. Temp: <u>114</u> °F		<u>X</u>		45. Floors, walls and ceilings maintained and clean	
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters	
<u>In</u>		23. No rodents, insects, birds, animals		<u>X</u>		47. Signs posted; Permit & inspection report available	
						48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
<u>41</u>	<u>MILK</u>	<u>BAR FRIDGE</u>			
<u>36</u>	<u>THOUSAND ISLAND</u>	<u>WALK-IN FRIDGE</u>			

Comments:
-NO CRITICAL VIOLATIONS.

OTHER VIOLATIONS

(21) BOTH BAR SINK SHALL HAVE HOT WATER OF AT LEAST 120°F AT THE TAP WITHIN A REASONABLE AMOUNT OF TIME. (THE FAR BAR SINK MEASURED 114°F AFTER WAITING 2 MIN)

(23) KEEP FACILITY FREE OF ALL PESTS/VERMIN AT ALL TIMES. OBSERVED SOME RODENT DROPPINGS & DEAD COCK ROACHES

Received By: [Signature] REHS: Andrew Peryo

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Continuation Sheet

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Comments:

OTHER VIOLATION (CONT.)

- 25 AROUND FACILITY.
- 35 REPLACE ALL NON-COMMERCIAL APPLIANCES WITH COMMERCIAL GRADE, N.S.F & HEALTH DEPT APPROVED ONES WHEN THEY FALL INTO DISREPAIR OR NO LONGER HOLD TEMP. (PANASONIC BLACK 4-WAVE, CROCK POT, HOUSEHOLD FREEZER)
- 35 CLEAN & SANITIZE THE INSIDE THE ICE MACHINE, IT IS A LITTLE MOLDY INSIDE.
- 44 SEAL UP HOLES IN THE WALLS AROUND 3-COMP SINK & BEHIND/AROUND STOVE. THESE ARE VERMIN ENTRY POINTS.

Received By:

[Signature]

REHS:

[Signature]